

ARIZONA DEPARTMENT OF PUBLIC SAFETY

Concealed Weapon Firearms Safety New Instructor Application

County

Legal Name (Last, First, Middle)							County		
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Residence Address (Street No and Name Including Apartment No)					City		State	Zip Code	
Mailing Address (Street No and Name Including Apartment No)					City		State	Zip Code	
Social Security Number Home Phone					Work Phone			Ext	
Origin / Race	American Indian or Ala					ele)	Height	Weight	
	Asian / Pacific Islande			/ White (W) Female		Male			
Eye Color:	olor: Black Green Hair Blue Grey Color: Brown Hazel		☐ Bald ☐ Brown ☐ Black ☐ Gray ☐ Blonde ☐ Red		Sandy White	Date of Birth	(mmddyyyy)	Place of Birth (State)	
Training Organization					Training Organization Number				
Mailing Address Phone Number			City E-Mail		State	Zip Code	o Code		
							Training Organization		
Training Organization Point of Contact:							Affix Seal		
o Mail to the o Appli	I have a Certificate of Check all that apply: ALEOAC/AZ POST (Ari NRA Police Firearms In NRA Law Enforcement NRA Personal Protection NRA Law Enforcement NRA Law Enforcement NRA Law Enforcement Federal Law Enforcement Fede	(attach copies zona Peace O structor Develo (Security) Fire on Instructor ra Tactical Hando Handgun/Shot ent Firearms In gov/ccw rd & a \$29.00 i c Safety P.O. E	s of certificate officer Standa opment Scho arms Instruct ting and NR, gun Instruct tgun Instruct structor Trai	te(s) to application and and Training cool ctor Developmen A Pistol Instructor or or ming Program (F	on) g Board) - Arize t School or rating (IVA a ITP) or certified ch	and IPA) neck	DF	structor Certifi	Υ
	 Applicant's Signature								